

COLLEGE STATION COMMUNITY DEVELOPMENT
APPLICATION FOR HOUSING REHABILITATION, REPLACEMENT OR
EMERGENCY ASSISTANCE

1. BORROWER:

Name _____ Address _____ City _____ Zip _____

Social Security # _____ Driver’s License # _____

Home Phone _____ Cell Phone _____ E-Mail Address _____

Rent _____ Own _____ Number of Years _____ Amount of Rent _____

Unmarried _____ Married _____ Separated _____ Divorced _____ Widowed _____

Name of Employer _____ Address _____

Position _____ Years on Job _____ Work Phone _____

Salary: \$ _____ per hour Hours worked weekly: _____ OR Annual Salary: _____

2. CO-BORROWER:

Name _____ Address _____ City _____ Zip _____

Social Security # _____ Driver’s License # _____

Home Phone _____ Cell Phone _____ E-Mail Address _____

Rent _____ Own _____ Number of Years _____ Amount of Rent _____

Unmarried _____ Married _____ Separated _____ Divorced _____ Widowed _____

Name of Employer _____ Address _____

Position _____ Years on Job _____ Work Phone _____

Salary: \$ _____ per hour Hours worked weekly: _____ OR Annual Salary: _____

3. HOUSEHOLD INFORMATION: List all persons living in your household, including yourself first.

Last Name	First Name	Relationship	Date of Birth	Sex	Social Security Number

4. HANDICAP ACCESSIBILITY: If any member of your household has a mental or physical handicap requiring special housing accomodations, please list their information below:

Household Member	Type of Handicap	Special Housing Needs

5. **INFORMATION ABOUT YOUR HOME:** Complete the information below as fully as possible. It is essential for our record keeping and it may affect what kind of work is done on your house.

Year Constructed	Number of Years You Have Lived There	Number of Bedrooms	Number of Bathrooms

6. **ADDITIONAL INFORMATION ABOUT YOUR HOME:**

Have your ever submitted an application in the past to this office for rehabilitation assistance?_____

If yes, did this office provide you housing rehabilitation assistance?_____

If not, please explain why:_____

If yes, what year were the repairs made?_____ How much of the project cost did you pay?_____

What was the cost of the project?_____ Who was the contractor for the project?_____

What repairs does your house need now? _____

What emergency repairs (life or health threatening) are needed? _____

Would you be able to make these repairs if supplies and materials were furnished? _____

7. **MORTGAGE AND OWNERSHIP:**

If you have a mortgage or lien in place, we need a copy of the payment voucher or monthly statement.

First mortgage amount?_____ Monthly payment amount?_____ How much is still owed?_____

What is the name, address, phone, and account number for your lender? _____

Second mortgage amount?_____ Monthly payment amount?_____ How much is still owed?_____

What is the name, address, phone, and account number for your lender? _____

Are there any other liens on your property?_____ If yes, give holder, amount still owed, and monthly payments:_____

Do you share title to your property with your spouse, other relatives, or any other individuals?_____

If yes, please give the names of all other owners:_____

8. **SOURCES OF INCOME:** Income includes wages, child support, alimony, AFDC, SSI, Social Security benefits, interest earned from assets and all other income for any and all household members.

Name	Source of Income	Annual Amount Received

9. **ASSETS:** List all assets for any and all household members. Assets include balances of bank accounts, IRAs, gas or oil royalties, rental income, cash value of stocks or bonds, value of automobiles, and any other assets.

Name	Type of Asset	Value of Asset

10. **THESE QUESTIONS APPLY TO BOTH BORROWER & CO-BORROWER**

- ☐ Yes ☐ No* Do you have any outstanding judgements?
- ☐ Yes ☐ No* In the last 7 years, have you declared bankruptcy?
- ☐ Yes ☐ No* Have you had real property foreclosed upon or voluntarily given real property back to the seller?
- ☐ Yes ☐ No* Are you a co-signer or endorser on a note?
- ☐ Yes ☐ No* Are you a party in a lawsuit?
- ☐ Yes ☐ No* Are you obligated to pay alimony, child support or separate maintenance?

If a “YES” answer is given to any question, please explain: (If more room is needed please attach an extra sheet.)

11. **LIABILITIES AND DEBTS:** Debts include charge accounts, furniture accounts, automobile loans, alimony, child support, personal and real estate loans, finance companies, and any other monthly financial obligation, excluding utilities.

Creditor/Address	Account #	Monthly Payment	Total Owed

AGREEMENT:
The undersigned applies for the loan indicated in this application to be secured by a mortgage or deed of trust on the property herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining the loan. Verification may be obtained from any source named in this application. The lender will retain the original of this application, even if the loan is not granted.

CERTIFICATION:
Under the penalties of perjury, I/We certify that the Social Security Number(s) and other information provided on this form are true, correct and complete.

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

COLLECTION POLICIES FOR CONSUMER DEBTS:

The City of College Station is authorized by law to take any or all of the following actions in the event of any questionable information given.

- Report your name and account information to the credit bureau.
- Assess additional interest and penalty charges for the period of time that payment is not made.
- Assess charges to cover additional administrative costs incurred by the City to service your account.
- Offset amounts owed to you under other City programs.
- Refer your account and application to a private collection agency to collect the amount due.
- Refer your account and application for litigation in the courts.
- Refer your debt and application to the Internal Revenue Service for offset against any amount owed to you as income tax refund.
- Report any written off debt to the Internal Revenue Service as taxable income.

All of these actions can and will be used to recover any debts owed when it is determined to be in the interest of the City to do so.

CERTIFICATION: I have read and I understand the actions the City can take in the event that I fail to meet my scheduled payments in accordance with the terms and conditions of my agreement. I also agree that I have provided accurate and complete information regarding my income and eligibility for the program. In addition, I give permission for the City of College Station to obtain and review any and all information regarding my credit history.

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Borrower’s Signature	Date	Co-Borrower’s Signature	Date

ADDITIONAL INFORMATION:

1. You must provide copies of the Social Security Cards for all household members (copy the front and back of each card).
2. Borrower and Co-Borrower, if applicable, must present Driver’s License when application is presented.
3. You must provide a copy of the last two months’ paycheck stubs.
4. If you pay or receive child support or alimony, you must provide a copy of the divorce decree.
5. If you are self-employed, an independent contractor, or a commissioned salesperson, you must provide income tax returns and bank deposit statements for the previous two years in addition to your current Verification Of Employment form.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

<u>Borrower:</u>	<u>Co-Borrower:</u>
1.) Ethnicity Is your ethnicity: ___ Hispanic or Latino or ___ Not Hispanic or Latino	1.) Ethnicity Is your ethnicity: ___ Hispanic or Latino or ___ Not Hispanic or Latino
1.) Race Is your race: ___ American Indian or Alaskan ___ Asian ___ Black or African American ___ Native Hawaiian or other Pacific Islander ___ White ___ American Indian or Alaskan & White ___ Asian and White ___ Black or African American & White ___ American Indian or Alaskan & Black or African American ___ Race combination not included in above categories	1.) Race Is your race: ___ American Indian or Alaskan ___ Asian ___ Black or African American ___ Native Hawaiian or other Pacific Islander ___ White ___ American Indian or Alaskan & White ___ Asian and White ___ Black or African American & White ___ American Indian or Alaskan & Black or African American ___ Race combination not included in above categories

City of College Station
Community Development
1207 Texas
College Station, TX 77840
(979) 764-3778

VERIFICATION OF EMPLOYMENT

Employee/Applicant's Name _____ SSN _____
Applicant's Signature _____ Date _____

This individual named above is an applicant for housing assistance. Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period, and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation.

TO BE COMPLETED BY AUTHORIZED OFFICIAL

- 1. Date of employment _____ Position/Occupation _____
- 2. Home Address _____
- 3. Current rate of regular pay \$ _____ per _____ (hour, week, month, etc.)
- 4. Current rate of overtime pay \$ _____ per _____ (hour, week, month, etc.)
- 5. Number of hours per week employee normally works _____
- 6. Anticipated average amount of overtime per week _____
- 7. Gross annual earnings you anticipate for this employment for the next twelve months \$ _____
- 8. Anticipated tips, commissions, bonuses \$ _____
- 9. Do you anticipate any change in the employee's rate of pay in the near future? ☐ Yes ☐ No
If yes, revised rate _____, effective date _____.
- 10. Do you anticipate any change in the number of hours the employee works? ☐ Yes ☐ No
(If yes, explain under item number 12.)
- 11. If the employee's work is seasonal or sporadic, indicate lay-off periods _____
- 12. Additional comments _____

I verify that the preceding information is true and correct. (Form should be signed in front of a notary.)

Signature _____ Date _____
Printed Name _____ Title _____
Name of Employer _____ Phone No. _____
Address of Employer _____

This form should be returned to the Employee/Applicant.

WARNING

Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.

STATE OF TEXAS)
) ACKNOWLEDGMENT
COUNTY OF BRAZOS)

This instrument was acknowledged before me on the _____ day of _____, 2003, by _____.

NOTARY PUBLIC in and for
The STATE OF TEXAS